

**DEMAREST MIDDLE SCHOOL
STUDENT VACCINATION HISTORY**

Student Name _____ DOB _____ Sex M _____ or F _____

| Vaccine Type | 1 st Dose | 2 nd Dose | 3 rd Dose | 4 th Dose | 5 th Dose |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| Diphtheria, Tetanus, Pertusis DTap or any combination | | | | | |
| Tdap | | | | | |
| Polio | | | | | |
| Measles, Mumps Rubella(MMR) | | | | | |
| Hepatitis B | | | | | |
| Varicella | | | | | |
| Meningococcal | | | | | |
| Hepatitis A | | | | | |
| HPV (Human Papillomavirus) | | | | | |
| Other | | | | | |

***If labs done to show immune status please attach a copy

| Mantoux | Date Tested | Date Read | Result (mm) | CXR (date) | Normal | Abnormal | Meds Prescribed |
|---------|-------------|-----------|-------------|------------|--------|----------|-----------------|
| | | | | | | | |

Physician: _____

Physician Signature: _____

Phone Number: _____